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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number		10/723,565-Conf. #9946								
	Filing Date		November 25, 2003								
	First Named Inventor		Michael Hogendijk								
	Title		VASCULAR PROSTHESIS INCLUDING TORSIONAL STABILIZER AND								
	Art Unit		3773								
	Examiner Name		Vy Q. Bui								
Attorney Docket No.		NOCO 1002-1									
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p>											
<p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="text-align: right; border: 1px solid black; width: 150px; height: 30px; margin-left: auto;">22470</div>											
<p>OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">Name</th><th style="width: 17%;">Registration Number</th><th style="width: 33%;">Name</th><th style="width: 17%;">Registration Number</th></tr></thead><tbody><tr><td style="height: 60px;"></td><td></td><td></td><td></td></tr></tbody></table>				Name	Registration Number	Name	Registration Number				
Name	Registration Number	Name	Registration Number								
<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number:</p> <div style="text-align: right; border: 1px solid black; width: 150px; height: 20px; margin-left: auto;"></div>											
<p><input type="checkbox"/> Firm or Individual Name</p>											
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City		State	Zip								
Country		Telephone	Email								
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on</i></p>											
SIGNATURE of Applicant or Assignee of Record											
Signature		Date									
Name		Telephone									
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>											
<p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>											

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 10 September 2008

Signature: /Marianne M. Holland/ (Marianne M. Holland)